State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
167977	TABERNACLE MINISTRIES, INC
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: CHURCH AND FAITH BASED ACTIVITIES
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
628 UNION AVENUE	PROVIDENCE	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JAMES W KEITH			Vice-President Name: GEORGEANNE KEITH		
Street Address: 70 RALPH STREET			Street Address: 70 RALPH STREET		
City: PROVIDENCE	State: RI	Zip: 02909	City: PROVIDENCE	State: RI	Zip: 02909
Secretary Name: DEBRA HARGIS			Treasurer Name: PAMELIA BIRD		
Street Address: 28 NEWARK STREET			Street Address: 1336 PAWTUCKET AVENUE		
City: PROVIDENCE	State: RI	Zip: 02909	City: RUMFORD	State: RI	Zip: 02914

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: EVELYN STANLEY			Director Name: ERIC BROWN		
Street Address: 17 BYRON STREET			Street Address: 32 NEWLIGHT STREET		
City: PROVIDENCE	State: RI	Zip: 02911	City: W WARWICK	State: RI	Zip: 02888
Director Name: PAMELIA BIRD			Director Name:		
Street Address: 1336 PAWTUCKET AVENUE			Street Address:		
City: RUMFORD	State: RI 0291	Zip:	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
JAMES W KEITH	**2/27/2024**

Signature of Officer/Authorized Representative

FILED 1240

FEB 27 2024
BY KB VCM

MAIL TO:
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